

## Office of Administration

### Commissioner's Office

#### "Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: \_\_\_\_\_

Date Enrolled: 4-14-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/14/17	car repair		mom needs car for work + medical apts.
AMOUNT TO BE REIMBURSED			

***Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!***

Thank you.

Authorized person requesting purchase: 

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_



## ALTERNATIVES TO ABORTION PROGRAM

### Assistance Request

*This form is to be completed by an NFN Nurse ONLY and must be completed entirely for timely approval and submission.*

DATE: 3/14/17 CLIENT NAME: \_\_\_\_\_

*The above named client is requesting assistance through NFN's ATA Program for the following:*

     **Rent**

(if new request, a W-9 and Lease MUST accompany this form)

     **Utility**

(if Ameren, provide account number and account holder's name; if Laclede, provide bill)

     **Transportation**

(if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)

☒ **Other**

(Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)

Landlord/Utility/Other NAME: \_\_\_\_\_

Meineke Car Service

BILL TOTAL: \$ \_\_\_\_\_ AMOUNT YOU ARE PAYING: \$ \_\_\_\_\_ AMOUNT REQUESTED: \$ \_\_\_\_\_

OTHER RESOURCES ATTEMPTED FOR ASSISTANCE (must list at least three):

- |          |                              |
|----------|------------------------------|
| 1. _____ | Agency Representative: _____ |
| 2. _____ | Agency Representative: _____ |
| 3. _____ | Agency Representative: _____ |

*I understand this is a one-time payment. This assistance is intended to assist you in the delivery of a healthy baby or in keeping your child on target developmentally. I have completed a **Budget Form** and **Individualized Pregnancy Continuation Plan (IPCP)** with my nurse in order to ensure my ability to pay this bill in the future.*

3/14/17  
(date)

Kathy Butman  
(RN signature)

3/14/17  
(date)

IPCP Completed/Submitted:      (initial)

Budget Form Completed: KG (initial)

Date Received: \_\_\_\_\_ Date Pledged/Submitted for Payment: \_\_\_\_\_

ATTENTION

MEGAN

Estimate: 033859

MEINEKE #392  
10617 NEW HALLS FERRY  
FERGUSON, MO 63136  
(314)388-1181

MARY PITTMAN

\*\*\*\* Service Quote \*\*\*\*

1999 DODGE-RAM TRUCK DURANGO

Estimate Created 3/14/2017 @ 2:44:49 PM

145 GLEN GARRY RD

Phone: (H) () -

(W) () -

(Cell) (314) 478-8584

License/ID: Q212440 / 1B4HS28Z6XF570732 Odometer: 0 Eng. V8-360 5.9L

Comment:

Color:

Salesman:

Note:

** A/D	Qty	Part #	Description	Warranty	Price	Discount	Total
<b>Ride Control</b>							
A	1.00	56497	spindle right front		264.20		264.20
A	1.50	LABOR	Front Spindle		90.00		135.00
							<u>399.20</u>
<b>Ticket</b>							
A	0.00	MEMO	Vehicle towed in, customer claims that she was driving and the pedal went to the floor the tow truck driver warned that the winched vehicle due to having no brakes. Check and advise				
A	1.00	Discount	\$50.OFF COUPON		0.00	(50.00)	(50.00)
							<u>-50.00</u>
<b>Brakes</b>							
A	1.00	PCD746	Front Ceramic Pads		79.99	(39.99)	40.00
A	2.00	BR5362	Front Disc Brake Rotor		74.99		149.98
A	1.00	18-4704	Front Right Caliper With Hardware		81.52		81.52
A	1.00	W17507	Rear Left Wheel Cylinder		28.53		28.53
A	1.00	M134437	Master Cylinder		262.75		262.75
A	1.00	LABOR	Remove & Install and Overhaul Caliper - One Side, Front		90.00		90.00
A	2.20	LABOR	Remove & Install and Overhaul Wheel Cylinder - Rear, Both		90.00		198.00
A	0.70	LABOR	Remove & Replace Master Cylinder		90.00		63.00
A	1.30	LABOR	Remove & Replace Power Brake Booster		90.00		117.00
A	1.00	54-71902	Power Brake Booster Without Master Cylinder		261.20		261.20
							<u>1,291.98</u>
<b>Brakes</b>							
D	1.00	Z776	Rear New Brake Shoes		0.00		0.00
D	1.30	LABOR	Brake Booster		0.00		0.00
							<u>0.00</u>

\*\*\*\*\* THIS IS NOT AN INVOICE \*\*\*\*\*

Print Date: 03/17/2017 11:33 am

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Date Promised \_\_\_\_\_ Payment \_\_\_ Cash \_\_\_ Check \_\_\_ Charge

Additional person who may authorize work: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ Flat Rate \_\_\_ Hourly Rate \_\_\_ Both-----Save old parts? \_\_\_ Yes \_\_\_ No

Charge for estimate: \$\_\_\_\_\_. Reassembly charge if repairs cancelled \$\_\_\_\_\_

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.00

\_\_\_\_ I REQUEST A WRITTEN ESTIMATE

\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL

\_\_\_\_ I DO NOT REQUEST A WRITTEN ESTIMATE

Total Savings: \$89.99

\*\* A/D Legend

A=Accepted  
D=Declined

Parts:	1,088.18
Labor:	603.00
Shop Supplies:	24.99
Subtotal:	1,666.17
Sales Tax:	97.70
<b>Total:</b>	<b>\$1,763.87</b>

Customer Signature: \_\_\_\_\_